Haw River State Park
Grand Camp Medical Information Form 2014
(Bring with you the first morning of Camp)

Name: _____ Rising Grade: _____ School Attending: _____

Address: _____ Gender: _____ Date of Birth: _____

Parent or Guardian: _____

Address: _____

Home Phone: _____ Daytime Cell: _____ Email: _____

Additional Parent or Guardian: _____

Address: _____

Home Phone: _____ Daytime Cell: _____

Emergency Contact/Other adults with permission to pick up child:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Insurance Information

Is the participant covered by family medical/hospital insurance? _____ yes _____ no
If so, indicate carrier or plan name _____ Group # _____

Medical Information

Does the participant have any health concerns we need to be aware of past or present? _____

_____

Is the participant taking any medications currently, we need to be aware of?

_____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the park should be aware.

_____

_____

List all Allergies:

Medication allergies (list) **Describe reaction and management of the reaction**

_____ _____
_____ _____

Food allergies and others(list)

_____ _____
_____ _____

IMPORTANT

I hereby give permission for Haw River State Park to seek medical treatment for my child, in the event that I cannot be reached in an emergency. I here by give permission to the physician selected by the park to secure and administer treatment, including hospitalization, for my child. Park staff is not allowed to administer medication.

Signature of parent or guardian _____

Printed Name _____ Date _____